<u>Martinsville Parks & Recreation Dept.</u> spenn@ci.martinsville.va.us

COACHING APPLICATION

746 B Indian Trail Martinsville, VA 24112 Fax: 403-5376 Phone: 403-5140

NAME:	DATE OF BIRTH:		
ADDRESS:	TELEPHONE (HOME):		
CITY/STATE//ZIP:	TELEPHONE (BUS):		
EMAIL:	TELEPHONE (CELL):		
* PROVIDE ALL ADDRESSES YOU HAVE LIVED	FOR LAST 10 YEARS (use additional page	ges if necessary))
Address:City/State/	'Zip:D	ates:to	
Address:City/State	/Zip:I	Dates:to_	
1. Do you have a valid driver's license?		Yes	_ No
State: Number:			
2. What sport do you want to coach?	Have you played the sport?	Yes	_ No
3. Have you ever coached the sport?		Yes	_ No
If Yes, where ?	What ages ?		
4. Do you have any formal training as a coach?		Yes	_ No
If Yes, please describe: (NYSCA, ASEP, oth	ner)		
5. Have you ever received treatment for alcohol of	or drug abuse ?	Yes	_ No
6. Have you ever had charges brought against yo	u for child molestation, abuse, or neglec	ct? Yes	_ No
7. Do you have Basic First Aid training? If so, w	hat ?		
 8. Have you ever been arrested or convicted of an violation? (A conviction does not mean you can convicted will be considered). 9. Please list the name, address, and phone number comment on your past coaching or you as a positive of the property of the convicted will be considered. 	ennot coach. The offense and how recentles No (If yes, explain fully on the per of two persons who know you sufficient	tly you were a additional sh	neet)
Name	Address	Phone	
If accepted for a coaching position, I hereby as Department philosophies, rules, and regulation I understand that the information which I havinclude a criminal background check and referauthorize reference interviews and a background	ns. e furnished herein is subject to verific rence interviews. My signature below	cation, which	may
Signature: Date:			